# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

## SIGNATURE: IVAN G PALMA

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P15000013590

Entity Name: I G P INSURANCE CONSULTANT INC

#### **Current Principal Place of Business:**

6454 MILK WAGON LANE MIAMI LAKES. FL 33014

#### **Current Mailing Address:**

6454 MILK WAGON LANE MIAMI LAKES. FL 33014 US

## FEI Number: 47-3096488

## Name and Address of Current Registered Agent:

PALMA, IVAN G 6454 MILK WAGON LANE MIAMI LAKES, FL 33014 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	P	Title	VC
Name	PALMA, IVAN G	Name	PALMA, AZALIA
Address	6454 MILK WAGON LANE	Address	6454 MILK WAGON LANE
City-State-Zip:	MIAMI LAKES FL 33014	City-State-Zip:	MIAMI LAKES FL 33014

PRESIDENT

04/28/2021 Date

FILED Apr 28, 2021 Secretary of State 3140017925CC

Certificate of Status Desired: No

Date